



**Banner Occupational
Health Services**
Banner Health System

EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT

(Must present photo ID at time of service)

Employee Name: _____ Employee ID : _____

Company Name: *City of Tempe – Environmental, Health & Safety* Date of Birth: _____

Department: _____ Date of Injury: _____

SERVICES REQUESTED

- ☐ Audiogram
- ☐ Hepatitis B
- ☐ Hepatitis B Titer
- ☐ Hepatitis A
- ☐ Annual TB Test
- Other _____

EXAMS

- ☐ Respiratory Clearance
- ☐ Post Exposure TB test

Authorized By: _____ Title: _____

Phone: _____ Date: _____

